

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/564694

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/			51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11	/		/		/			61					
12								62					
13								63					
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15								65					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					